

Georgia Department of Community Health

	Facility Name	Appling General	Athens Regional	Burke Medical Center
1	Medicaid Provider ID	000000052A	000000074A	000000283A
2	base period report period beginning date	9/1/2007	10/1/2007	6/1/2007
3	base period report period ending date	8/31/2008	9/30/2008	5/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	345,364	4,486,669	312,136
11	covered charges	1,159,030	14,068,406	511,088
12	outpatient Medicaid ratio of costs to charges	0.297977	0.318918	0.610728
13	annual cost of Medicaid covered services	345,364	4,486,669	312,136
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	295,632	3,840,588	267,188
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	77,106	539,997	36,525
20	payments	8,550	31,300	9,750
21	annual covered charges	77,106	539,997	36,525
22	annual interim payments	8,550	31,300	9,750
23	annual cost of services	22,976	172,215	22,307
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	-	1,306,781	-
27	payments	-	186,439	-
28	annual covered charges	-	1,306,781	-
29	annual interim payments	-	186,439	-
30	annual cost of services	-	416,756	-
31				
32	Medicaid annual payments	304,182	4,058,327	276,938
33	maximum annual payments for UPL	368,340	5,075,640	334,443
34				
35	adjustment factors			
36	inflation	1.029412	1.023731	1.047628
37	volume allowance	1.018908	1.018049	1.021487
38	combined factors	1.048877	1.042208	1.070138
39				
40	adjusted Medicaid annual payments	319,050	4,229,621	296,362
41	adjusted maximum annual payments for UPL	386,344	5,289,872	357,900
42	annual facility specific UPL amount	67,294	1,060,251	61,538
43				
44	annual allocation of charge limit (if applicable)	24	305	6
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	67,318	1,060,556	61,544
47	UPL adjustment available for SFY2010	67,318	1,060,556	61,544
48	Intergovernmental transfer amount	18,627	293,456	17,029
49				
50	Net funds amount	48,691	767,100	44,515

Georgia Department of Community Health

	Facility Name	Camden Medical Ctr.	Cobb Hosp. & Med. Ctr.	Coffee Regional
1	Medicaid Provider ID	000000811A	000000426A	000000448A
2	base period report period beginning date	10/1/2007	7/1/2007	1/1/2008
3	base period report period ending date	9/30/2008	6/30/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	435,849	2,386,267	1,186,728
11	covered charges	1,401,403	9,309,125	4,271,740
12	outpatient Medicaid ratio of costs to charges	0.311009	0.256336	0.277809
13	annual cost of Medicaid covered services	435,849	2,386,267	1,186,728
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	373,087	2,042,645	1,015,839
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	164,477	643,179	437,420
20	payments	16,600	60,833	36,350
21	annual covered charges	164,477	643,179	437,420
22	annual interim payments	16,600	60,833	36,350
23	annual cost of services	51,154	164,870	121,519
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	17,387	2,021,129	52,314
27	payments	4,433	297,269	13,817
28	annual covered charges	17,387	2,021,129	52,314
29	annual interim payments	4,433	297,269	13,817
30	annual cost of services	5,408	518,088	14,533
31				
32	Medicaid annual payments	394,120	2,400,747	1,066,006
33	maximum annual payments for UPL	492,411	3,069,225	1,322,780
34				
35	adjustment factors			
36	inflation	1.023731	1.040965	1.042721
37	volume allowance	1.018049	1.020627	1.015471
38	combined factors	1.042208	1.062437	1.058852
39				
40	adjusted Medicaid annual payments	410,755	2,550,642	1,128,743
41	adjusted maximum annual payments for UPL	513,195	3,260,859	1,400,628
42	annual facility specific UPL amount	102,440	710,217	271,885
43				
44	annual allocation of charge limit (if applicable)	31	251	97
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	102,471	710,468	271,982
47	UPL adjustment available for SFY2010	102,471	710,468	271,982
48	Intergovernmental transfer amount	28,354	196,586	75,257
49				
50	Net funds amount	74,117	513,882	196,725

Georgia Department of Community Health

	Facility Name	Colquitt Regional	Crisp Regional	Dekalb Hillandale
1	Medicaid Provider ID	000002021A	000000514A	000000536U
2	base period report period beginning date	10/1/2007	7/1/2007	7/1/2007
3	base period report period ending date	9/30/2008	6/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,135,429	745,863	1,377,808
11	covered charges	3,258,396	2,466,103	4,143,308
12	outpatient Medicaid ratio of costs to charges	0.348463	0.302446	0.332538
13	annual cost of Medicaid covered services	1,135,429	745,863	1,377,808
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	971,928	638,459	1,179,403
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	224,423	131,642	657,573
20	payments	23,000	17,400	50,804
21	annual covered charges	224,423	131,642	657,573
22	annual interim payments	23,000	17,400	50,804
23	annual cost of services	78,203	39,815	218,668
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	146,087	91,933	15,473
27	payments	41,873	24,823	3,551
28	annual covered charges	146,087	91,933	15,473
29	annual interim payments	41,873	24,823	3,551
30	annual cost of services	50,906	27,805	5,145
31				
32	Medicaid annual payments	1,036,801	680,682	1,233,758
33	maximum annual payments for UPL	1,264,538	813,483	1,601,621
34				
35	adjustment factors			
36	inflation	1.023731	1.040965	1.040965
37	volume allowance	1.018049	1.020627	1.020627
38	combined factors	1.042208	1.062437	1.062437
39				
40	adjusted Medicaid annual payments	1,080,562	723,182	1,310,790
41	adjusted maximum annual payments for UPL	1,317,912	864,274	1,701,621
42	annual facility specific UPL amount	237,350	141,092	390,831
43				
44	annual allocation of charge limit (if applicable)	67	53	90
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	237,417	141,145	390,921
47	UPL adjustment available for SFY2010	237,417	141,145	390,921
48	Intergovernmental transfer amount	65,693	39,055	108,168
49				
50	Net funds amount	171,724	102,090	282,753

Georgia Department of Community Health

	Facility Name	DeKalb Medical Center	Doctor's Hospital (Columbus)	Dodge County
1	Medicaid Provider ID	000000536A	000148233A	000000591A
2	base period report period beginning date	7/1/2007	1/1/2008	10/1/2007
3	base period report period ending date	6/30/2008	11/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0909	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	2,822,699	707,614	565,854
11	covered charges	9,469,832	3,554,309	1,671,795
12	outpatient Medicaid ratio of costs to charges	0.298073	0.199086	0.338471
13	annual cost of Medicaid covered services	2,822,699	771,942	565,854
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	2,416,231	660,783	484,371
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	842,336	657,870	308,468
20	payments	54,800	33,850	26,800
21	annual covered charges	842,336	717,676	308,468
22	annual interim payments	54,800	36,927	26,800
23	annual cost of services	251,078	142,879	104,407
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	2,030,639	452,833	18,847
27	payments	441,680	71,561	4,333
28	annual covered charges	2,030,639	494,000	18,847
29	annual interim payments	441,680	78,067	4,333
30	annual cost of services	605,279	98,348	6,379
31				
32	Medicaid annual payments	2,912,711	775,777	515,504
33	maximum annual payments for UPL	3,679,056	1,013,169	676,640
34				
35	adjustment factors			
36	inflation	1.040965	1.036313	1.023731
37	volume allowance	1.020627	1.016330	1.018049
38	combined factors	1.062437	1.053236	1.042208
39				
40	adjusted Medicaid annual payments	3,094,572	817,076	537,262
41	adjusted maximum annual payments for UPL	3,908,766	1,067,106	705,199
42	annual facility specific UPL amount	814,194	250,030	167,937
43				
44	annual allocation of charge limit (if applicable)	244	115	37
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	814,438	250,145	167,974
47	UPL adjustment available for SFY2010	814,438	250,145	167,974
48	Intergovernmental transfer amount	225,355	69,215	46,478
49				
50	Net funds amount	589,083	180,930	121,496

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	Facility Name	Dorminy Medical Ctr.	Douglas	Elbert Memorial
1	Medicaid Provider ID	000000613A	000000624A	000000668A
2	base period report period beginning date	8/1/2007	7/1/2007	7/1/2007
3	base period report period ending date	7/31/2008	6/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	448,399	1,098,175	249,326
11	covered charges	1,275,850	4,494,338	767,225
12	outpatient Medicaid ratio of costs to charges	0.351451	0.244346	0.324971
13	annual cost of Medicaid covered services	448,399	1,098,175	249,326
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	383,829	940,038	213,423
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	149,445	237,836	120,614
20	payments	18,118	25,754	11,160
21	annual covered charges	149,445	237,836	120,614
22	annual interim payments	18,118	25,754	11,160
23	annual cost of services	52,523	58,114	39,196
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	79,963	142,007	-
27	payments	23,001	25,487	-
28	annual covered charges	79,963	142,007	-
29	annual interim payments	23,001	25,487	-
30	annual cost of services	28,103	34,699	-
31				
32	Medicaid annual payments	424,948	991,279	224,583
33	maximum annual payments for UPL	529,025	1,190,988	288,522
34				
35	adjustment factors			
36	inflation	1.035156	1.040965	1.040965
37	volume allowance	1.019768	1.020627	1.020627
38	combined factors	1.055619	1.062437	1.062437
39				
40	adjusted Medicaid annual payments	448,583	1,053,171	238,605
41	adjusted maximum annual payments for UPL	558,448	1,265,350	306,536
42	annual facility specific UPL amount	109,865	212,179	67,931
43				
44	annual allocation of charge limit (if applicable)	27	104	17
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	109,892	212,283	67,948
47	UPL adjustment available for SFY2010	109,892	212,283	67,948
48	Intergovernmental transfer amount	30,407	58,739	18,801
49				
50	Net funds amount	79,485	153,544	49,147

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	Facility Name	Emanuel Medical Ctr.	Evans Memorial	Floyd Medical Center
1	Medicaid Provider ID	000000701A	000000734A	000000756A
2	base period report period beginning date	7/1/2007	10/1/2007	7/1/2007
3	base period report period ending date	6/30/2008	9/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	609,764	272,401	6,359,529
11	covered charges	2,154,935	873,655	13,627,930
12	outpatient Medicaid ratio of costs to charges	0.282962	0.311795	0.466654
13	annual cost of Medicaid covered services	609,764	272,401	6,359,529
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	521,958	233,175	5,443,757
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	159,786	71,241	1,131,101
20	payments	12,700	7,950	72,048
21	annual covered charges	159,786	71,241	1,131,101
22	annual interim payments	12,700	7,950	72,048
23	annual cost of services	45,213	22,213	527,833
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	-	-	2,305,973
27	payments	-	-	260,002
28	annual covered charges	-	-	2,305,973
29	annual interim payments	-	-	260,002
30	annual cost of services	-	-	1,076,092
31				
32	Medicaid annual payments	534,658	241,125	5,775,807
33	maximum annual payments for UPL	654,977	294,614	7,963,454
34				
35	adjustment factors			
36	inflation	1.040965	1.023731	1.040965
37	volume allowance	1.020627	1.018049	1.020627
38	combined factors	1.062437	1.042208	1.062437
39				
40	adjusted Medicaid annual payments	568,040	251,302	6,136,431
41	adjusted maximum annual payments for UPL	695,872	307,049	8,460,668
42	annual facility specific UPL amount	127,832	55,747	2,324,237
43				
44	annual allocation of charge limit (if applicable)	47	18	254
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	127,879	55,765	2,324,491
47	UPL adjustment available for SFY2010	127,879	55,765	2,324,491
48	Intergovernmental transfer amount	35,384	15,430	643,187
49				
50	Net funds amount	92,495	40,335	1,681,304

Georgia Department of Community Health

	Facility Name	Grady General	Grady Memorial	Gwinnett
1	Medicaid Provider ID	000000844A	000000855A	000000294A
2	base period report period beginning date	10/1/2007	1/1/2008	7/1/2007
3	base period report period ending date	9/30/2008	12/31/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	326,585	11,979,077	2,833,546
11	covered charges	879,860	24,488,636	10,864,099
12	outpatient Medicaid ratio of costs to charges	0.371178	0.489169	0.260817
13	annual cost of Medicaid covered services	326,585	11,979,077	2,833,546
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	279,556	10,254,090	2,425,515
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	53,418	860,743	829,992
20	payments	6,877	91,815	47,600
21	annual covered charges	53,418	860,743	829,992
22	annual interim payments	6,877	91,815	47,600
23	annual cost of services	19,828	421,049	216,476
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	-	5,391,921	745,557
27	payments	-	1,735,244	168,023
28	annual covered charges	-	5,391,921	745,557
29	annual interim payments	-	1,735,244	168,023
30	annual cost of services	-	2,637,561	194,454
31				
32	Medicaid annual payments	286,433	12,081,149	2,641,138
33	maximum annual payments for UPL	346,413	15,037,687	3,244,476
34				
35	adjustment factors			
36	inflation	1.023731	1.042721	1.040965
37	volume allowance	1.018049	1.015471	1.020627
38	combined factors	1.042208	1.058852	1.062437
39				
40	adjusted Medicaid annual payments	298,523	12,792,149	2,806,043
41	adjusted maximum annual payments for UPL	361,034	15,922,685	3,447,051
42	annual facility specific UPL amount	62,511	3,130,536	641,008
43				
44	annual allocation of charge limit (if applicable)	17	439	259
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	62,528	3,130,975	641,267
47	UPL adjustment available for SFY2010	62,528	3,130,975	641,267
48	Intergovernmental transfer amount	17,301	866,341	177,439
49				
50	Net funds amount	45,227	2,264,634	463,828

Georgia Department of Community Health

	Facility Name	Habersham County	Hart County	Henry Medical Center
1	Medicaid Provider ID	000000877A	000000921A	000182388A
2	base period report period beginning date	7/1/2007	1/1/2008	7/1/2007
3	base period report period ending date	6/30/2008	12/31/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	408,087	248,453	1,137,140
11	covered charges	1,392,882	690,199	3,773,426
12	outpatient Medicaid ratio of costs to charges	0.29298	0.359974	0.301355
13	annual cost of Medicaid covered services	408,087	248,453	1,137,140
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	349,322	212,676	973,391
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	149,577	61,701	257,300
20	payments	15,700	8,450	28,050
21	annual covered charges	149,577	61,701	257,300
22	annual interim payments	15,700	8,450	28,050
23	annual cost of services	43,823	22,211	77,539
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	-	-	374,381
27	payments	-	-	39,944
28	annual covered charges	-	-	374,381
29	annual interim payments	-	-	39,944
30	annual cost of services	-	-	112,822
31				
32	Medicaid annual payments	365,022	221,126	1,041,385
33	maximum annual payments for UPL	451,910	270,664	1,327,501
34				
35	adjustment factors			
36	inflation	1.040965	1.042721	1.040965
37	volume allowance	1.020627	1.015471	1.020627
38	combined factors	1.062437	1.058852	1.062437
39				
40	adjusted Medicaid annual payments	387,813	234,140	1,106,406
41	adjusted maximum annual payments for UPL	480,126	286,593	1,410,386
42	annual facility specific UPL amount	92,313	52,453	303,980
43				
44	annual allocation of charge limit (if applicable)	31	14	87
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	92,344	52,467	304,067
47	UPL adjustment available for SFY2010	92,344	52,467	304,067
48	Intergovernmental transfer amount	25,552	14,518	84,135
49				
50	Net funds amount	66,792	37,949	219,932

Georgia Department of Community Health

	Facility Name	Houston Medical Center	Hughes Spalding Child.
1	Medicaid Provider ID	000000976A	000679808A
2	base period report period beginning date	3/1/2007	1/1/2008
3	base period report period ending date	2/29/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	1,775,438	2,302,690
11	covered charges	4,966,587	4,648,570
12	outpatient Medicaid ratio of costs to charges	0.357476	0.495354
13	annual cost of Medicaid covered services	1,775,438	2,302,690
14	cost settlement rate	85.6%	85.6%
15	annual Medicaid payments after cost settlement	1,519,775	1,971,102
16			
17			
18	<u>subject to fixed fee payment</u>		
19	covered charges	528,872	657,824
20	payments	56,326	77,444
21	annual covered charges	528,872	657,824
22	annual interim payments	56,326	77,444
23	annual cost of services	189,059	325,856
24			
25	<u>subject to limit of inpatient rate</u>		
26	covered charges	815,192	25,135
27	payments	210,665	5,775
28	annual covered charges	815,192	25,135
29	annual interim payments	210,665	5,775
30	annual cost of services	291,412	12,451
31			
32	Medicaid annual payments	1,786,766	2,054,321
33	maximum annual payments for UPL	2,255,909	2,640,997
34			
35	adjustment factors		
36	inflation	1.067523	1.042721
37	volume allowance	1.024065	1.015471
38	combined factors	1.093213	1.058852
39			
40	adjusted Medicaid annual payments	1,953,316	2,175,222
41	adjusted maximum annual payments for UPL	2,466,189	2,796,424
42	annual facility specific UPL amount	512,873	621,202
43			
44	annual allocation of charge limit (if applicable)	113	75
45	allocation of UPL amounts < 0	0	0
46	annual UPL amount after aggregate limit adjustments	512,986	621,277
47	UPL adjustment available for SFY2010	512,986	621,277
48	Intergovernmental transfer amount	141,943	171,907
49			
50	Net funds amount	371,043	449,370

Georgia Department of Community Health

	Facility Name	Hughston Sports Medicine Hospital	Hutcheson Med. Ctr.
1	Medicaid Provider ID	000315642A	000001075A
2	base period report period beginning date	10/1/2007	10/1/2007
3	base period report period ending date	7/2/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.2	1.0000
6			
7	CAH status (1 = yes)	0	0
8			
9	<u>subject to cost settlement</u>		
10	cost of Medicaid covered services	38,463	2,254,575
11	covered charges	216,898	7,054,772
12	outpatient Medicaid ratio of costs to charges	0.177334	0.319582
13	annual cost of Medicaid covered services	46,156	2,254,575
14	cost settlement rate	85.6%	85.6%
15	annual Medicaid payments after cost settlement	39,510	1,929,917
16			
17			
18	<u>subject to fixed fee payment</u>		
19	covered charges	-	636,733
20	payments	-	26,500
21	annual covered charges	-	636,733
22	annual interim payments	-	26,500
23	annual cost of services	-	203,488
24			
25	<u>subject to limit of inpatient rate</u>		
26	covered charges	-	442,182
27	payments	-	85,095
28	annual covered charges	-	442,182
29	annual interim payments	-	85,095
30	annual cost of services	-	141,313
31			
32	Medicaid annual payments	39,510	2,041,512
33	maximum annual payments for UPL	46,156	2,599,376
34			
35	adjustment factors		
36	inflation	1.023731	1.023731
37	volume allowance	1.000000	1.018049
38	combined factors	1.023731	1.042208
39			
40	adjusted Medicaid annual payments	40,448	2,127,680
41	adjusted maximum annual payments for UPL	47,251	2,709,091
42	annual facility specific UPL amount	6,803	581,411
43			
44	annual allocation of charge limit (if applicable)	6	156
45	allocation of UPL amounts < 0	0	0
46	annual UPL amount after aggregate limit adjustments	6,809	581,567
47	UPL adjustment available for SFY2010	6,809	581,567
48	Intergovernmental transfer amount	1,884	160,920
49			
50	Net funds amount	4,925	420,647

Georgia Department of Community Health

	Facility Name	Irwin County	Jefferson	Joan Glancey
1	Medicaid Provider ID	000000987A	000001031A	000001064A
2	base period report period beginning date	12/1/2007	1/1/2008	7/1/2007
3	base period report period ending date	11/30/2008	12/31/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	399,172	242,360	466,611
11	covered charges	1,656,641	569,907	2,225,421
12	outpatient Medicaid ratio of costs to charges	0.240953	0.425262	0.209673
13	annual cost of Medicaid covered services	399,172	242,360	466,611
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	341,691	207,460	399,419
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	34,308	85,042	183,945
20	payments	5,350	9,600	8,100
21	annual covered charges	34,308	85,042	183,945
22	annual interim payments	5,350	9,600	8,100
23	annual cost of services	8,267	36,165	38,568
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	319,724	-	88,543
27	payments	71,822	-	18,892
28	annual covered charges	319,724	-	88,543
29	annual interim payments	71,822	-	18,892
30	annual cost of services	77,038	-	18,565
31				
32	Medicaid annual payments	418,863	217,060	426,411
33	maximum annual payments for UPL	484,477	278,525	523,744
34				
35	adjustment factors			
36	inflation	1.036313	1.042721	1.040965
37	volume allowance	1.016330	1.015471	1.020627
38	combined factors	1.053236	1.058852	1.062437
39				
40	adjusted Medicaid annual payments	441,162	229,834	453,035
41	adjusted maximum annual payments for UPL	510,269	294,917	556,445
42	annual facility specific UPL amount	69,107	65,083	103,410
43				
44	annual allocation of charge limit (if applicable)	43	11	56
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	69,150	65,094	103,466
47	UPL adjustment available for SFY2010	69,150	65,094	103,466
48	Intergovernmental transfer amount	19,134	18,012	28,629
49				
50	Net funds amount	50,016	47,082	74,837

Georgia Department of Community Health

	Facility Name	Kennestone	McDuffie Regional	Meadows Reg. Med.
1	Medicaid Provider ID	000001119A	000001185A	000001086A
2	base period report period beginning date	7/1/2007	10/1/2007	7/1/2007
3	base period report period ending date	6/30/2008	9/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	2,724,634	399,860	1,051,943
11	covered charges	11,595,322	1,261,113	5,652,891
12	outpatient Medicaid ratio of costs to charges	0.234977	0.317069	0.186089
13	annual cost of Medicaid covered services	2,724,634	399,860	1,051,943
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	2,332,286	342,280	900,463
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	383,000	74,155	571,834
20	payments	38,364	7,757	38,650
21	annual covered charges	383,000	74,155	571,834
22	annual interim payments	38,364	7,757	38,650
23	annual cost of services	89,996	23,512	106,412
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	2,806,422	15,166	169,721
27	payments	384,048	3,521	27,229
28	annual covered charges	2,806,422	15,166	169,721
29	annual interim payments	384,048	3,521	27,229
30	annual cost of services	659,445	4,809	31,583
31				
32	Medicaid annual payments	2,754,698	353,558	966,342
33	maximum annual payments for UPL	3,474,075	428,181	1,189,938
34				
35	adjustment factors			
36	inflation	1.040965	1.023731	1.040965
37	volume allowance	1.020627	1.018049	1.020627
38	combined factors	1.062437	1.042208	1.062437
39				
40	adjusted Medicaid annual payments	2,926,693	368,481	1,026,677
41	adjusted maximum annual payments for UPL	3,690,986	446,254	1,264,234
42	annual facility specific UPL amount	764,293	77,773	237,557
43				
44	annual allocation of charge limit (if applicable)	319	26	147
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	764,612	77,799	237,704
47	UPL adjustment available for SFY2010	764,612	77,799	237,704
48	Intergovernmental transfer amount	211,568	21,527	65,773
49				
50	Net funds amount	553,044	56,272	171,931

Georgia Department of Community Health

	Facility Name	Medical College of GA	Medical Ctr. Central GA	Memorial - Bainbridge
1	Medicaid Provider ID	000000723A	000001207A	000001262A
2	base period report period beginning date	7/1/2007	10/1/2007	4/1/2007
3	base period report period ending date	6/30/2008	9/30/2008	3/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	10,073,703	7,524,883	419,199
11	covered charges	18,615,136	20,517,265	1,091,492
12	outpatient Medicaid ratio of costs to charges	0.541157	0.366759	0.38406
13	annual cost of Medicaid covered services	10,073,703	7,524,883	419,199
14	cost settlement rate	100.0%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	10,073,703	6,441,300	358,834
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	1,090,678	796,554	86,538
20	payments	104,500	33,994	12,623
21	annual covered charges	1,090,678	796,554	86,538
22	annual interim payments	104,500	33,994	12,623
23	annual cost of services	590,228	292,143	33,236
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	3,046,833	4,518,531	-
27	payments	928,485	950,409	-
28	annual covered charges	3,046,833	4,518,531	-
29	annual interim payments	928,485	950,409	-
30	annual cost of services	1,648,815	1,657,212	-
31				
32	Medicaid annual payments	11,106,688	7,425,703	371,457
33	maximum annual payments for UPL	12,312,746	9,474,238	452,435
34				
35	adjustment factors			
36	inflation	1.040965	1.023731	1.061213
37	volume allowance	1.020627	1.018049	1.023206
38	combined factors	1.062437	1.042208	1.085839
39				
40	adjusted Medicaid annual payments	11,800,156	7,739,127	403,342
41	adjusted maximum annual payments for UPL	13,081,517	9,874,127	491,271
42	annual facility specific UPL amount	1,281,361	2,135,000	87,929
43				
44	annual allocation of charge limit (if applicable)	0	460	20
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	1,281,361	2,135,460	87,949
47	UPL adjustment available for SFY2010	1,281,361	2,135,460	87,949
48	Intergovernmental transfer amount	354,553	590,882	24,335
49				
50	Net funds amount	926,808	1,544,578	63,614

Georgia Department of Community Health

	Facility Name	Memorial Medical Ctr.	Murray Medical Ctr.	Newton General
1	Medicaid Provider ID	000001273A	000001383A	000001394A
2	base period report period beginning date	1/1/2008	10/1/2007	1/1/2008
3	base period report period ending date	12/31/2008	9/30/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	4,722,366	330,241	1,389,114
11	covered charges	19,095,134	1,231,171	4,917,683
12	outpatient Medicaid ratio of costs to charges	0.247307	0.268233	0.282473
13	annual cost of Medicaid covered services	4,722,366	330,241	1,389,114
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	4,042,345	282,686	1,189,082
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	635,919	140,578	509,072
20	payments	48,871	12,116	31,972
21	annual covered charges	635,919	140,578	509,072
22	annual interim payments	48,871	12,116	31,972
23	annual cost of services	157,267	37,708	143,799
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	5,735,881	-	207,692
27	payments	1,014,412	-	39,982
28	annual covered charges	5,735,881	-	207,692
29	annual interim payments	1,014,412	-	39,982
30	annual cost of services	1,418,524	-	58,667
31				
32	Medicaid annual payments	5,105,628	294,802	1,261,036
33	maximum annual payments for UPL	6,298,157	367,949	1,591,580
34				
35	adjustment factors			
36	inflation	1.042721	1.023731	1.042721
37	volume allowance	1.015471	1.018049	1.015471
38	combined factors	1.058852	1.042208	1.058852
39				
40	adjusted Medicaid annual payments	5,406,104	307,245	1,335,250
41	adjusted maximum annual payments for UPL	6,668,816	383,479	1,685,248
42	annual facility specific UPL amount	1,262,712	76,234	349,998
43				
44	annual allocation of charge limit (if applicable)	540	28	114
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	1,263,252	76,262	350,112
47	UPL adjustment available for SFY2010	1,263,252	76,262	350,112
48	Intergovernmental transfer amount	349,542	21,102	96,876
49				
50	Net funds amount	913,710	55,160	253,236

Georgia Department of Community Health

	Facility Name	Northeast GA Med.	Northside	Northside - Cherokee
1	Medicaid Provider ID	000000888A	000001405A	000001108A
2	base period report period beginning date	10/1/2007	10/1/2007	10/1/2007
3	base period report period ending date	9/30/2008	9/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	3,113,431	1,547,470	509,443
11	covered charges	13,047,307	5,925,128	2,716,800
12	outpatient Medicaid ratio of costs to charges	0.238626	0.261171	0.187516
13	annual cost of Medicaid covered services	3,113,431	1,547,470	509,443
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	2,665,097	1,324,634	436,083
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	703,935	353,871	321,482
20	payments	41,550	12,550	17,650
21	annual covered charges	703,935	353,871	321,482
22	annual interim payments	41,550	12,550	17,650
23	annual cost of services	167,977	92,421	60,283
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	2,009,205	955,568	265,586
27	payments	312,279	140,552	25,792
28	annual covered charges	2,009,205	955,568	265,586
29	annual interim payments	312,279	140,552	25,792
30	annual cost of services	479,449	249,567	49,802
31				
32	Medicaid annual payments	3,018,926	1,477,736	479,525
33	maximum annual payments for UPL	3,760,857	1,889,458	619,528
34				
35	adjustment factors			
36	inflation	1.023731	1.023731	1.023731
37	volume allowance	1.018049	1.018049	1.018049
38	combined factors	1.042208	1.042208	1.042208
39				
40	adjusted Medicaid annual payments	3,146,349	1,540,108	499,765
41	adjusted maximum annual payments for UPL	3,919,596	1,969,208	645,677
42	annual facility specific UPL amount	773,247	429,100	145,912
43				
44	annual allocation of charge limit (if applicable)	338	151	76
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	773,585	429,251	145,988
47	UPL adjustment available for SFY2010	773,585	429,251	145,988
48	Intergovernmental transfer amount	214,051	118,774	40,395
49				
50	Net funds amount	559,534	310,477	105,593

Georgia Department of Community Health

	Facility Name	Northside - Forsyth	Oconee Regional Ctr.	Paulding Medical Ctr.
1	Medicaid Provider ID	000000767A	000000129A	000001438A
2	base period report period beginning date	10/1/2007	10/1/2007	7/1/2007
3	base period report period ending date	9/30/2008	9/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	528,202	820,360	546,691
11	covered charges	2,775,078	2,380,492	2,207,522
12	outpatient Medicaid ratio of costs to charges	0.190338	0.344618	0.247649
13	annual cost of Medicaid covered services	528,202	820,360	546,691
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	452,141	702,228	467,968
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	357,473	199,420	174,643
20	payments	17,450	23,376	17,900
21	annual covered charges	357,473	199,420	174,643
22	annual interim payments	17,450	23,376	17,900
23	annual cost of services	68,041	68,724	43,250
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	164,681	33,047	-
27	payments	33,651	10,706	-
28	annual covered charges	164,681	33,047	-
29	annual interim payments	33,651	10,706	-
30	annual cost of services	31,345	11,389	-
31				
32	Medicaid annual payments	503,242	736,310	485,868
33	maximum annual payments for UPL	627,588	900,473	589,941
34				
35	adjustment factors			
36	inflation	1.023731	1.023731	1.040965
37	volume allowance	1.018049	1.018049	1.020627
38	combined factors	1.042208	1.042208	1.062437
39				
40	adjusted Medicaid annual payments	524,483	767,388	516,204
41	adjusted maximum annual payments for UPL	654,077	938,480	626,776
42	annual facility specific UPL amount	129,594	171,092	110,572
43				
44	annual allocation of charge limit (if applicable)	75	48	50
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	129,669	171,140	110,622
47	UPL adjustment available for SFY2010	129,669	171,140	110,622
48	Intergovernmental transfer amount	35,879	47,354	30,609
49				
50	Net funds amount	93,790	123,786	80,013

Georgia Department of Community Health

	Facility Name	Perry General	Phoebe Putney Mem.	Roosevelt Warm Springs
1	Medicaid Provider ID	000001471A	000001482A	000000778A
2	base period report period beginning date	3/1/2007	8/1/2007	7/1/2007
3	base period report period ending date	2/29/2008	7/31/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	224,039	6,038,222	53,703
11	covered charges	785,916	19,080,443	60,096
12	outpatient Medicaid ratio of costs to charges	0.285067	0.316461	0.893615
13	annual cost of Medicaid covered services	224,039	6,038,222	53,703
14	cost settlement rate	85.6%	85.6%	100.0%
15	annual Medicaid payments after cost settlement	191,777	5,168,718	53,703
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	108,184	602,398	-
20	payments	11,035	38,700	-
21	annual covered charges	108,184	602,398	-
22	annual interim payments	11,035	38,700	-
23	annual cost of services	30,840	190,635	-
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	57,729	3,593,887	-
27	payments	10,139	705,977	-
28	annual covered charges	57,729	3,593,887	-
29	annual interim payments	10,139	705,977	-
30	annual cost of services	16,457	1,137,325	-
31				
32	Medicaid annual payments	212,951	5,913,395	53,703
33	maximum annual payments for UPL	271,336	7,366,182	53,703
34				
35	adjustment factors			
36	inflation	1.067523	1.035156	1.040965
37	volume allowance	1.024065	1.019768	1.020627
38	combined factors	1.093213	1.055619	1.062437
39				
40	adjusted Medicaid annual payments	232,801	6,242,292	57,056
41	adjusted maximum annual payments for UPL	296,628	7,775,882	57,056
42	annual facility specific UPL amount	63,827	1,533,590	0
43				
44	annual allocation of charge limit (if applicable)	19	448	0
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	63,846	1,534,038	0
47	UPL adjustment available for SFY2010	63,846	1,534,038	0
48	Intergovernmental transfer amount	17,666	424,468	0
49				
50	Net funds amount	46,180	1,109,570	0

Georgia Department of Community Health

	Facility Name	Satilla Regional	South Georgia Medical	Southeast Georgia Medical
1	Medicaid Provider ID	000001229A	000001724A	000000822A
2	base period report period beginning date	1/1/2008	10/1/2007	10/1/2007
3	base period report period ending date	12/31/2008	9/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	3,992,171	3,554,120	1,829,619
11	covered charges	8,645,707	6,191,251	5,173,454
12	outpatient Medicaid ratio of costs to charges	0.461752	0.574055	0.353655
13	annual cost of Medicaid covered services	3,992,171	3,554,120	1,829,619
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	3,417,299	3,042,326	1,566,154
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	561,761	363,150	432,641
20	payments	54,801	45,100	38,950
21	annual covered charges	561,761	363,150	432,641
22	annual interim payments	54,801	45,100	38,950
23	annual cost of services	259,394	208,468	153,006
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	617,494	2,650,233	479,330
27	payments	107,769	368,486	77,114
28	annual covered charges	617,494	2,650,233	479,330
29	annual interim payments	107,769	368,486	77,114
30	annual cost of services	285,129	1,521,380	169,517
31				
32	Medicaid annual payments	3,579,869	3,455,912	1,682,218
33	maximum annual payments for UPL	4,536,694	5,283,968	2,152,142
34				
35	adjustment factors			
36	inflation	1.042721	1.023731	1.023731
37	volume allowance	1.015471	1.018049	1.018049
38	combined factors	1.058852	1.042208	1.042208
39				
40	adjusted Medicaid annual payments	3,790,551	3,601,779	1,753,221
41	adjusted maximum annual payments for UPL	4,803,688	5,506,993	2,242,980
42	annual facility specific UPL amount	1,013,137	1,905,214	489,759
43				
44	annual allocation of charge limit (if applicable)	148	109	111
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	1,013,285	1,905,323	489,870
47	UPL adjustment available for SFY2010	1,013,285	1,905,323	489,870
48	Intergovernmental transfer amount	280,376	527,203	135,547
49				
50	Net funds amount	732,909	1,378,120	354,323

Georgia Department of Community Health

	Facility Name	Southern Regional	Stephens County	Sumter Regional
1	Medicaid Provider ID	000000404A	000001834A	000000019A
2	base period report period beginning date	7/1/2007	10/1/2007	10/1/2007
3	base period report period ending date	6/30/2008	9/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	2,901,792	668,392	1,449,060
11	covered charges	10,618,352	1,643,381	2,508,572
12	outpatient Medicaid ratio of costs to charges	0.273281	0.406718	0.577643
13	annual cost of Medicaid covered services	2,901,792	668,392	1,449,060
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	2,483,934	572,144	1,240,395
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	1,049,567	143,055	346,329
20	payments	80,495	21,850	33,222
21	annual covered charges	1,049,567	143,055	346,329
22	annual interim payments	80,495	21,850	33,222
23	annual cost of services	286,827	58,183	200,055
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	1,272,504	44,908	283,214
27	payments	290,032	15,808	66,242
28	annual covered charges	1,272,504	44,908	283,214
29	annual interim payments	290,032	15,808	66,242
30	annual cost of services	347,751	18,265	163,597
31				
32	Medicaid annual payments	2,854,461	609,802	1,339,859
33	maximum annual payments for UPL	3,536,370	744,840	1,812,712
34				
35	adjustment factors			
36	inflation	1.040965	1.023731	1.023731
37	volume allowance	1.020627	1.018049	1.018049
38	combined factors	1.062437	1.042208	1.042208
39				
40	adjusted Medicaid annual payments	3,032,685	635,541	1,396,412
41	adjusted maximum annual payments for UPL	3,757,170	776,279	1,889,223
42	annual facility specific UPL amount	724,485	140,738	492,811
43				
44	annual allocation of charge limit (if applicable)	265	31	37
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	724,750	140,769	492,848
47	UPL adjustment available for SFY2010	724,750	140,769	492,848
48	Intergovernmental transfer amount	200,538	38,951	136,371
49				
50	Net funds amount	524,212	101,818	356,477

Georgia Department of Community Health

	Facility Name	Tanner Med. -Villa Rica	Tanner Medical Center	The Medical Center
1	Medicaid Provider ID	000002032A	000001867A	000001196A
2	base period report period beginning date	7/1/2007	7/1/2007	7/1/2007
3	base period report period ending date	6/30/2008	6/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,652,682	2,633,234	3,626,032
11	covered charges	3,644,341	7,687,681	10,193,436
12	outpatient Medicaid ratio of costs to charges	0.453493	0.342526	0.355722
13	annual cost of Medicaid covered services	1,652,682	2,633,234	3,626,032
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	1,414,696	2,254,048	3,103,883
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	298,451	311,782	327,337
20	payments	38,622	35,590	25,485
21	annual covered charges	298,451	311,782	327,337
22	annual interim payments	38,622	35,590	25,485
23	annual cost of services	135,345	106,793	116,441
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	60,064	664,002	3,884,567
27	payments	15,970	114,005	861,949
28	annual covered charges	60,064	664,002	3,884,567
29	annual interim payments	15,970	114,005	861,949
30	annual cost of services	27,239	227,438	1,381,826
31				
32	Medicaid annual payments	1,469,288	2,403,643	3,991,317
33	maximum annual payments for UPL	1,815,266	2,967,465	5,124,299
34				
35	adjustment factors			
36	inflation	1.040965	1.040965	1.040965
37	volume allowance	1.020627	1.020627	1.020627
38	combined factors	1.062437	1.062437	1.062437
39				
40	adjusted Medicaid annual payments	1,561,026	2,553,719	4,240,523
41	adjusted maximum annual payments for UPL	1,928,605	3,152,745	5,444,245
42	annual facility specific UPL amount	367,579	599,026	1,203,722
43				
44	annual allocation of charge limit (if applicable)	61	160	260
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	367,640	599,186	1,203,982
47	UPL adjustment available for SFY2010	367,640	599,186	1,203,982
48	Intergovernmental transfer amount	101,726	165,795	333,142
49				
50	Net funds amount	265,914	433,391	870,840

Georgia Department of Community Health

	Facility Name	Tift Regional	Union General	University
1	Medicaid Provider ID	000001922A	000001966A	000001977A
2	base period report period beginning date	10/1/2007	5/1/2007	1/1/2008
3	base period report period ending date	9/30/2008	4/30/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,981,859	287,265	2,899,037
11	covered charges	7,360,215	755,087	7,819,631
12	outpatient Medicaid ratio of costs to charges	0.269266	0.380439	0.370738
13	annual cost of Medicaid covered services	1,981,859	287,265	2,899,037
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	1,696,471	245,899	2,481,576
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	540,783	55,226	385,985
20	payments	35,270	8,450	28,801
21	annual covered charges	540,783	55,226	385,985
22	annual interim payments	35,270	8,450	28,801
23	annual cost of services	145,614	21,010	143,099
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	2,896,422	-	873,108
27	payments	382,410	-	114,399
28	annual covered charges	2,896,422	-	873,108
29	annual interim payments	382,410	-	114,399
30	annual cost of services	779,908	-	323,694
31				
32	Medicaid annual payments	2,114,151	254,349	2,624,776
33	maximum annual payments for UPL	2,907,381	308,275	3,365,830
34				
35	adjustment factors			
36	inflation	1.023731	1.054377	1.042721
37	volume allowance	1.018049	1.022346	1.015471
38	combined factors	1.042208	1.077939	1.058852
39				
40	adjusted Medicaid annual payments	2,203,385	274,173	2,779,249
41	adjusted maximum annual payments for UPL	3,030,096	332,301	3,563,916
42	annual facility specific UPL amount	826,711	58,128	784,667
43				
44	annual allocation of charge limit (if applicable)	222	14	160
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	826,933	58,142	784,827
47	UPL adjustment available for SFY2010	826,933	58,142	784,827
48	Intergovernmental transfer amount	228,812	16,088	217,162
49				
50	Net funds amount	598,121	42,054	567,665

Georgia Department of Community Health

	Facility Name	Upson Regional	Washington County Reg	Wayne Memorial
1	Medicaid Provider ID	000001988A	000001218A	000002054A
2	base period report period beginning date	1/1/2008	9/1/2007	7/1/2007
3	base period report period ending date	12/31/2008	8/31/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	0
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,376,511	336,920	799,561
11	covered charges	5,360,429	903,558	2,272,611
12	outpatient Medicaid ratio of costs to charges	0.256791	0.372882	0.351825
13	annual cost of Medicaid covered services	1,376,511	336,920	799,561
14	cost settlement rate	85.6%	85.6%	85.6%
15	annual Medicaid payments after cost settlement	1,178,293	288,404	684,424
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	350,712	53,419	373,224
20	payments	23,100	9,793	35,865
21	annual covered charges	350,712	53,419	373,224
22	annual interim payments	23,100	9,793	35,865
23	annual cost of services	90,060	19,919	131,310
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	232,118	222,567	228,907
27	payments	45,141	48,071	52,028
28	annual covered charges	232,118	222,567	228,907
29	annual interim payments	45,141	48,071	52,028
30	annual cost of services	59,606	82,991	80,535
31				
32	Medicaid annual payments	1,246,534	346,268	772,317
33	maximum annual payments for UPL	1,526,177	439,830	1,011,406
34				
35	adjustment factors			
36	inflation	1.042721	1.029412	1.040965
37	volume allowance	1.015471	1.018908	1.020627
38	combined factors	1.058852	1.048877	1.062437
39				
40	adjusted Medicaid annual payments	1,319,895	363,193	820,538
41	adjusted maximum annual payments for UPL	1,615,995	461,328	1,074,555
42	annual facility specific UPL amount	296,100	98,135	254,017
43				
44	annual allocation of charge limit (if applicable)	124	21	52
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	296,224	98,156	254,069
47	UPL adjustment available for SFY2010	296,224	98,156	254,069
48	Intergovernmental transfer amount	81,965	27,160	70,301
49				
50	Net funds amount	214,259	70,996	183,768

Georgia Department of Community Health

	Facility Name	West Georgia Medical	Windy Hill	Bacon County Hospital
1	Medicaid Provider ID	000002065A	000001999A	000000118A
2	base period report period beginning date	7/1/2007	7/1/2007	7/1/2007
3	base period report period ending date	6/30/2008	6/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	0	0	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	1,124,212	297,719	305,227
11	covered charges	3,845,803	701,886	908,933
12	outpatient Medicaid ratio of costs to charges	0.292322	0.424169	0.335808
13	annual cost of Medicaid covered services	1,124,212	297,719	305,227
14	cost settlement rate	85.6%	85.6%	100.0%
15	annual Medicaid payments after cost settlement	962,326	254,847	305,227
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	349,526	-	145,760
20	payments	44,400	-	13,197
21	annual covered charges	349,526	-	145,760
22	annual interim payments	44,400	-	13,197
23	annual cost of services	102,174	-	48,947
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	94,308	104,947	-
27	payments	26,926	26,847	-
28	annual covered charges	94,308	104,947	-
29	annual interim payments	26,926	26,847	-
30	annual cost of services	27,568	44,515	-
31				
32	Medicaid annual payments	1,033,652	281,694	318,424
33	maximum annual payments for UPL	1,253,954	342,234	354,174
34				
35	adjustment factors			
36	inflation	1.040965	1.040965	1.040965
37	volume allowance	1.020627	1.020627	1.020627
38	combined factors	1.062437	1.062437	1.062437
39				
40	adjusted Medicaid annual payments	1,098,190	299,282	338,305
41	adjusted maximum annual payments for UPL	1,332,247	363,602	376,287
42	annual facility specific UPL amount	234,057	64,320	37,982
43				
44	annual allocation of charge limit (if applicable)	85	13	20
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	234,142	64,333	38,002
47	UPL adjustment available for SFY2010	234,142	64,333	38,002
48	Intergovernmental transfer amount	64,787	17,801	0
49				
50	Net funds amount	169,355	46,532	38,002

Georgia Department of Community Health

	Facility Name	Bleckley Memorial	Brooks County	Calhoun Memorial
1	Medicaid Provider ID	000000195A	000000239A	000000305A
2	base period report period beginning date	4/1/2007	10/1/2007	4/1/2007
3	base period report period ending date	3/31/2008	9/30/2008	3/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	201,665	216,128	116,028
11	covered charges	195,950	604,902	181,794
12	outpatient Medicaid ratio of costs to charges	1.029165	0.357295	0.638237
13	annual cost of Medicaid covered services	201,665	216,128	116,028
14	cost settlement rate	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	201,665	216,128	116,028
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	25,370	26,530	22,361
20	payments	5,877	2,954	4,150
21	annual covered charges	25,370	26,530	22,361
22	annual interim payments	5,877	2,954	4,150
23	annual cost of services	26,110	9,479	14,272
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	-	17,296	6,134
27	payments	-	8,561	4,283
28	annual covered charges	-	17,296	6,134
29	annual interim payments	-	8,561	4,283
30	annual cost of services	-	6,180	3,915
31				
32	Medicaid annual payments	207,542	227,643	124,461
33	maximum annual payments for UPL	227,775	231,787	134,215
34				
35	adjustment factors			
36	inflation	1.061213	1.023731	1.061213
37	volume allowance	1.023206	1.018049	1.023206
38	combined factors	1.085839	1.042208	1.085839
39				
40	adjusted Medicaid annual payments	225,357	237,251	135,145
41	adjusted maximum annual payments for UPL	247,327	241,571	145,735
42	annual facility specific UPL amount	21,970	4,320	10,590
43				
44	annual allocation of charge limit (if applicable)	(8,192)	12	2
45	allocation of UPL amounts < 0	0	0	0
	annual UPL amount after aggregate limit adjustments	13,778	4,332	10,592
46				
47	UPL adjustment available for SFY2010	13,778	4,332	10,592
48	Intergovernmental transfer amount	0	0	0
49				
50	Net funds amount	13,778	4,332	10,592

Georgia Department of Community Health

	Facility Name	Candler County	Charlton Memorial	Chatuge Regional	Clinch Memorial
1	Medicaid Provider ID	000000316A	000000338A	000001933A	000000415A
2	base period report period beginning date	1/1/2008	7/1/2007	5/1/2007	7/1/2007
3	base period report period ending date	12/31/2008	6/30/2008	4/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	269,377	116,791	76,361	242,549
11	covered charges	493,408	252,858	200,236	339,793
12	outpatient Medicaid ratio of costs to charges	0.545952	0.461882	0.381353	0.713815
13	annual cost of Medicaid covered services	269,377	116,791	76,361	242,549
14	cost settlement rate	100.0%	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	269,377	116,791	76,361	242,549
16					
17					
18	<u>subject to fixed fee payment</u>				
19	covered charges	49,546	77,790	30,854	9,140
20	payments	9,740	6,250	3,450	1,800
21	annual covered charges	49,546	77,790	30,854	9,140
22	annual interim payments	9,740	6,250	3,450	1,800
23	annual cost of services	27,050	35,930	11,766	6,524
24					
25	<u>subject to limit of inpatient rate</u>				
26	covered charges	130,033	-	-	30,341
27	payments	62,631	-	-	4,242
28	annual covered charges	130,033	-	-	30,341
29	annual interim payments	62,631	-	-	4,242
30	annual cost of services	70,992	-	-	21,658
31					
32	Medicaid annual payments	341,748	123,041	79,811	248,591
33	maximum annual payments for UPL	367,419	152,721	88,127	270,731
34					
35	adjustment factors				
36	inflation	1.042721	1.040965	1.054377	1.040965
37	volume allowance	1.015471	1.020627	1.022346	1.020627
38	combined factors	1.058852	1.062437	1.077939	1.062437
39					
40	adjusted Medicaid annual payments	361,861	130,723	86,031	264,112
41	adjusted maximum annual payments for UPL	389,043	162,256	94,995	287,635
42	annual facility specific UPL amount	27,182	31,533	8,964	23,523
43					
44	annual allocation of charge limit (if applicable)	9	5	4	3
45	allocation of UPL amounts < 0	0	0	0	0
46	annual UPL amount after aggregate limit adjustments	27,191	31,538	8,968	23,526
47	UPL adjustment available for SFY2010	27,191	31,538	8,968	23,526
48	Intergovernmental transfer amount	0	0	0	0
49					
50	Net funds amount	27,191	31,538	8,968	23,526

Georgia Department of Community Health

	Facility Name	Early Memorial	Effingham County	Higgins General	Jasper Memorial
1	Medicaid Provider ID	000000635A	000000657A	000000954A	000000998A
2	base period report period beginning date	10/1/2007	7/1/2007	7/1/2007	10/1/2007
3	base period report period ending date	9/30/2008	6/30/2008	6/30/2008	9/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	227,129	203,768	601,782	153,742
11	covered charges	489,694	508,813	1,651,750	188,235
12	outpatient Medicaid ratio of costs to charges	0.463818	0.400478	0.36433	0.816755
13	annual cost of Medicaid covered services	227,129	203,768	601,782	153,742
14	cost settlement rate	100.0%	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	227,129	203,768	601,782	153,742
16					
17					
18	<u>subject to fixed fee payment</u>				
19	covered charges	40,232	95,573	221,476	31,791
20	payments	6,600	10,500	24,827	5,517
21	annual covered charges	40,232	95,573	221,476	31,791
22	annual interim payments	6,600	10,500	24,827	5,517
23	annual cost of services	18,660	38,275	80,690	25,965
24					
25	<u>subject to limit of inpatient rate</u>				
26	covered charges	20,758	-	140,986	9,488
27	payments	8,716	-	45,020	7,101
28	annual covered charges	20,758	-	140,986	9,488
29	annual interim payments	8,716	-	45,020	7,101
30	annual cost of services	9,628	-	51,365	7,749
31					
32	Medicaid annual payments	242,445	214,268	671,629	166,360
33	maximum annual payments for UPL	255,417	242,043	733,837	187,456
34					
35	adjustment factors				
36	inflation	1.023731	1.040965	1.040965	1.023731
37	volume allowance	1.018049	1.020627	1.020627	1.018049
38	combined factors	1.042208	1.062437	1.062437	1.042208
39					
40	adjusted Medicaid annual payments	252,678	227,646	713,563	173,382
41	adjusted maximum annual payments for UPL	266,198	257,156	779,656	195,368
42	annual facility specific UPL amount	13,520	29,510	66,093	21,986
43					
44	annual allocation of charge limit (if applicable)	8	10	36	1
45	allocation of UPL amounts < 0	0	0	0	0
46	annual UPL amount after aggregate limit adjustments	13,528	29,520	66,129	21,987
47	UPL adjustment available for SFY2010	13,528	29,520	66,129	21,987
48	Intergovernmental transfer amount	0	0	0	0
49					
50	Net funds amount	13,528	29,520	66,129	21,987

Georgia Department of Community Health

	Facility Name	Jeff Davis	Jenkins County	Liberty Regional Med.
1	Medicaid Provider ID	000001009A	000001042A	000001152A
2	base period report period beginning date	10/1/2007	7/1/2007	12/1/2007
3	base period report period ending date	9/30/2008	6/30/2008	11/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	265,054	91,647	499,692
11	covered charges	596,571	179,770	1,821,415
12	outpatient Medicaid ratio of costs to charges	0.444296	0.5098	0.274343
13	annual cost of Medicaid covered services	265,054	91,647	499,692
14	cost settlement rate	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	265,054	91,647	499,692
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	90,036	46,272	266,232
20	payments	8,650	8,350	25,494
21	annual covered charges	90,036	46,272	266,232
22	annual interim payments	8,650	8,350	25,494
23	annual cost of services	40,003	23,589	73,039
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	9,251	-	66,460
27	payments	4,456	-	18,224
28	annual covered charges	9,251	-	66,460
29	annual interim payments	4,456	-	18,224
30	annual cost of services	4,110	-	18,233
31				
32	Medicaid annual payments	278,160	99,997	543,410
33	maximum annual payments for UPL	309,167	115,236	590,964
34				
35	adjustment factors			
36	inflation	1.023731	1.040965	1.036313
37	volume allowance	1.018049	1.020627	1.016330
38	combined factors	1.042208	1.062437	1.053236
39				
40	adjusted Medicaid annual payments	289,901	106,241	572,339
41	adjusted maximum annual payments for UPL	322,217	122,431	622,425
42	annual facility specific UPL amount	32,316	16,190	50,086
43				
44	annual allocation of charge limit (if applicable)	11	3	44
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	32,327	16,193	50,130
47	UPL adjustment available for SFY2010	32,327	16,193	50,130
48	Intergovernmental transfer amount	0	0	0
49				
50	Net funds amount	32,327	16,193	50,130

Georgia Department of Community Health

	Facility Name	Louis Smith Memorial	Lower Oconee Community	Miller County
1	Medicaid Provider ID	000001163A	000002076A	000001317A
2	base period report period beginning date	10/1/2007	1/1/2008	7/1/2007
3	base period report period ending date	9/30/2008	12/31/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	149,738	323,682	381,044
11	covered charges	326,259	855,540	1,008,774
12	outpatient Medicaid ratio of costs to charges	0.458955	0.378336	0.37773
13	annual cost of Medicaid covered services	149,738	323,682	381,044
14	cost settlement rate	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	149,738	323,682	381,044
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	53,660	41,371	39,823
20	payments	8,350	3,450	6,717
21	annual covered charges	53,660	41,371	39,823
22	annual interim payments	8,350	3,450	6,717
23	annual cost of services	24,628	15,652	15,042
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	219,482	18,676	52,872
27	payments	43,873	9,497	19,235
28	annual covered charges	219,482	18,676	52,872
29	annual interim payments	43,873	9,497	19,235
30	annual cost of services	100,732	7,066	19,971
31				
32	Medicaid annual payments	201,961	336,629	406,996
33	maximum annual payments for UPL	275,098	346,400	416,057
34				
35	adjustment factors			
36	inflation	1.023731	1.042721	1.040965
37	volume allowance	1.018049	1.015471	1.020627
38	combined factors	1.042208	1.058852	1.062437
39				
40	adjusted Medicaid annual payments	210,485	356,440	432,408
41	adjusted maximum annual payments for UPL	286,710	366,786	442,034
42	annual facility specific UPL amount	76,225	10,346	9,626
43				
44	annual allocation of charge limit (if applicable)	9	0	19
45	allocation of UPL amounts < 0	0	(6)	0
46	annual UPL amount after aggregate limit adjustments	76,234	10,340	9,645
47	UPL adjustment available for SFY2010	76,234	10,340	9,645
48	Intergovernmental transfer amount	0	0	0
49				
50	Net funds amount	76,234	10,340	9,645

Georgia Department of Community Health

	Facility Name	Minnie G. Boswell	Mitchell County	Monroe County	Morgan Memorial
1	Medicaid Provider ID	000001328A	000001339A	000001361A	000694229A
2	base period report period beginning date	3/8/2008	10/1/2007	10/1/2007	7/1/2007
3	base period report period ending date	12/31/2008	9/30/2008	9/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.2000	1.0000	1.0000	1.0000
6					
7	CAH status (1 = yes)	1	1	1	1
8					
9	<u>subject to cost settlement</u>				
10	cost of Medicaid covered services	211,016	326,948	176,921	162,046
11	covered charges	310,628	951,263	403,107	310,255
12	outpatient Medicaid ratio of costs to charges	0.67932	0.343699	0.438893	0.522301
13	annual cost of Medicaid covered services	253,219	326,948	176,921	162,046
14	cost settlement rate	100.0%	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	253,219	326,948	176,921	162,046
16					
17					
18	<u>subject to fixed fee payment</u>				
19	covered charges	60,066	49,525	85,412	21,041
20	payments	6,360	5,439	14,213	3,238
21	annual covered charges	72,079	49,525	85,412	21,041
22	annual interim payments	7,632	5,439	14,213	3,238
23	annual cost of services	48,965	17,022	37,487	10,990
24					
25	<u>subject to limit of inpatient rate</u>				
26	covered charges	13,787	71,775	10,388	129,545
27	payments	8,749	30,477	3,314	57,756
28	annual covered charges	16,544	71,775	10,388	129,545
29	annual interim payments	10,499	30,477	3,314	57,756
30	annual cost of services	11,239	24,669	4,559	67,661
31					
32	Medicaid annual payments	271,350	362,864	194,448	223,040
33	maximum annual payments for UPL	313,423	368,639	218,967	240,697
34					
35	adjustment factors				
36	inflation	1.042721	1.023731	1.023731	1.040965
37	volume allowance	1.015471	1.018049	1.018049	1.020627
38	combined factors	1.058852	1.042208	1.042208	1.062437
39					
40	adjusted Medicaid annual payments	287,319	378,180	202,655	236,966
41	adjusted maximum annual payments for UPL	331,868	384,199	228,209	255,726
42	annual facility specific UPL amount	44,549	6,019	25,554	18,760
43					
44	annual allocation of charge limit (if applicable)	0	20	8	6
45	allocation of UPL amounts < 0	(27)	0	0	0
46	annual UPL amount after aggregate limit adjustments	44,522	6,039	25,562	18,766
47	UPL adjustment available for SFY2010	44,522	6,039	25,562	18,766
48	Intergovernmental transfer amount	0	0	0	0
49					
50	Net funds amount	44,522	6,039	25,562	18,766

Georgia Department of Community Health

	Facility Name	Mountain Lakes Med.	Peach Regional	Phoebe Worth Medical
1	Medicaid Provider ID	000001559A	000001449A	000002109A
2	base period report period beginning date	1/1/2008	11/1/2007	8/1/2007
3	base period report period ending date	12/31/2008	10/31/2008	7/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	177,261	469,635	292,557
11	covered charges	343,134	1,003,601	602,396
12	outpatient Medicaid ratio of costs to charges	0.516594	0.46795	0.485655
13	annual cost of Medicaid covered services	177,261	469,635	292,557
14	cost settlement rate	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	177,261	469,635	292,557
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	28,840	81,434	119,552
20	payments	25,190	15,849	14,050
21	annual covered charges	28,840	81,434	119,552
22	annual interim payments	25,190	15,849	14,050
23	annual cost of services	14,899	38,107	58,061
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	11,561	-	38,390
27	payments	4,563	-	15,822
28	annual covered charges	11,561	-	38,390
29	annual interim payments	4,563	-	15,822
30	annual cost of services	5,972	-	18,644
31				
32	Medicaid annual payments	207,014	485,484	322,429
33	maximum annual payments for UPL	198,132	507,742	369,262
34				
35	adjustment factors			
36	inflation	1.042721	1.029983	1.035156
37	volume allowance	1.015471	1.017190	1.019768
38	combined factors	1.058852	1.047688	1.055619
39				
40	adjusted Medicaid annual payments	219,197	508,636	340,362
41	adjusted maximum annual payments for UPL	209,793	531,955	389,800
42	annual facility specific UPL amount	(9,404)	23,319	49,438
43				
44	annual allocation of charge limit (if applicable)	0	16	0
45	allocation of UPL amounts < 0	9,404	0	(30)
46	annual UPL amount after aggregate limit adjustments	0	23,335	49,408
47	UPL adjustment available for SFY2010	0	23,335	49,408
48	Intergovernmental transfer amount	0	0	0
49				
50	Net funds amount	0	23,335	49,408

Georgia Department of Community Health

	Facility Name	Polk General	Putnam General	Screven County
1	Medicaid Provider ID	000001526A	000001537A	000001647A
2	base period report period beginning date	10/1/2007	10/1/2007	7/1/2007
3	base period report period ending date	9/30/2008	9/30/2008	6/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	461,875	208,671	251,850
11	covered charges	1,694,925	392,386	502,028
12	outpatient Medicaid ratio of costs to charges	0.272505	0.5318	0.501666
13	annual cost of Medicaid covered services	461,875	208,671	251,850
14	cost settlement rate	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	461,875	208,671	251,850
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	510,608	45,659	98,381
20	payments	36,050	5,445	10,848
21	annual covered charges	510,608	45,659	98,381
22	annual interim payments	36,050	5,445	10,848
23	annual cost of services	139,143	24,281	49,354
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	-	-	-
27	payments	-	-	-
28	annual covered charges	-	-	-
29	annual interim payments	-	-	-
30	annual cost of services	-	-	-
31				
32	Medicaid annual payments	497,925	214,116	262,698
33	maximum annual payments for UPL	601,018	232,952	301,204
34				
35	adjustment factors			
36	inflation	1.023731	1.023731	1.040965
37	volume allowance	1.018049	1.018049	1.020627
38	combined factors	1.042208	1.042208	1.062437
39				
40	adjusted Medicaid annual payments	518,941	223,153	279,100
41	adjusted maximum annual payments for UPL	626,386	242,784	320,010
42	annual facility specific UPL amount	107,445	19,631	40,910
43				
44	annual allocation of charge limit (if applicable)	45	6	8
45	allocation of UPL amounts < 0	0	0	0
46	annual UPL amount after aggregate limit adjustments	107,490	19,637	40,918
47	UPL adjustment available for SFY2010	107,490	19,637	40,918
48	Intergovernmental transfer amount	0	0	0
49				
50	Net funds amount	107,490	19,637	40,918

Georgia Department of Community Health

	Facility Name	Southwest GA Reg. Med. Ctr.	Stewart Webster	Sylvan Grove
1	Medicaid Provider ID	000001427A	000001845A	000001856A
2	base period report period beginning date	7/1/2007	10/1/2007	1/1/2008
3	base period report period ending date	6/30/2008	9/30/2008	12/31/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	242,138	100,254	202,334
11	covered charges	688,217	181,905	1,106,722
12	outpatient Medicaid ratio of costs to charges	0.351833	0.551132	0.182823
13	annual cost of Medicaid covered services	242,138	100,254	202,334
14	cost settlement rate	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	242,138	100,254	202,334
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	85,005	14,171	266,920
20	payments	7,000	3,550	15,795
21	annual covered charges	85,005	14,171	266,920
22	annual interim payments	7,000	3,550	15,795
23	annual cost of services	29,908	7,810	48,799
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	82,835	38,090	-
27	payments	27,428	19,929	-
28	annual covered charges	82,835	38,090	-
29	annual interim payments	27,428	19,929	-
30	annual cost of services	29,144	20,993	-
31				
32	Medicaid annual payments	276,566	123,733	218,129
33	maximum annual payments for UPL	301,190	129,057	251,133
34				
35	adjustment factors			
36	inflation	1.040965	1.023731	1.042721
37	volume allowance	1.020627	1.018049	1.015471
38	combined factors	1.062437	1.042208	1.058852
39				
40	adjusted Medicaid annual payments	293,834	128,956	230,966
41	adjusted maximum annual payments for UPL	319,995	134,504	265,912
42	annual facility specific UPL amount	26,161	5,548	34,946
43				
44	annual allocation of charge limit (if applicable)	16	0	32
45	allocation of UPL amounts < 0	0	(3)	0
46	annual UPL amount after aggregate limit adjustments	26,177	5,545	34,978
47	UPL adjustment available for SFY2010	26,177	5,545	34,978
48	Intergovernmental transfer amount	0	0	0
49				
50	Net funds amount	26,177	5,545	34,978

Georgia Department of Community Health

	Facility Name	Tattnall Community	Warm Springs Med Ctr	Wills Memorial
1	Medicaid Provider ID	000001878A	000001284A	000002087A
2	base period report period beginning date	1/1/2008	1/1/2008	5/1/2007
3	base period report period ending date	12/31/2008	12/31/2008	4/30/2008
4	HS&R processing date for Medicaid data	10/2009	10/2009	10/2009
5	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
6				
7	CAH status (1 = yes)	1	1	1
8				
9	<u>subject to cost settlement</u>			
10	cost of Medicaid covered services	235,026	232,104	184,599
11	covered charges	764,052	554,524	308,270
12	outpatient Medicaid ratio of costs to charges	0.307605	0.418564	0.598823
13	annual cost of Medicaid covered services	235,026	232,104	184,599
14	cost settlement rate	100.0%	100.0%	100.0%
15	annual Medicaid payments after cost settlement	235,026	232,104	184,599
16				
17				
18	<u>subject to fixed fee payment</u>			
19	covered charges	127,329	79,188	19,964
20	payments	10,000	8,995	4,790
21	annual covered charges	127,329	79,188	19,964
22	annual interim payments	10,000	8,995	4,790
23	annual cost of services	39,167	33,145	11,955
24				
25	<u>subject to limit of inpatient rate</u>			
26	covered charges	1,118,055	-	-
27	payments	137,010	-	-
28	annual covered charges	1,118,055	-	-
29	annual interim payments	137,010	-	-
30	annual cost of services	343,919	-	-
31				
32	Medicaid annual payments	382,036	241,099	189,389
33	maximum annual payments for UPL	618,112	265,249	196,554
34				
35	adjustment factors			
36	inflation	1.042721	1.042721	1.054377
37	volume allowance	1.015471	1.015471	1.022346
38	combined factors	1.058852	1.058852	1.077939
39				
40	adjusted Medicaid annual payments	404,520	255,288	204,150
41	adjusted maximum annual payments for UPL	654,490	280,859	211,873
42	annual facility specific UPL amount	249,970	25,571	7,723
43				
44	annual allocation of charge limit (if applicable)	0	10	4
45	allocation of UPL amounts < 0	(153)	0	0
	annual UPL amount after aggregate limit adjustments	249,817	25,581	7,727
47	UPL adjustment available for SFY2010	249,817	25,581	7,727
48	Intergovernmental transfer amount	0	0	0
49				
50	Net funds amount	249,817	25,581	7,727